

<div style="display: flex; justify-content: space-between;"> <div> MULTIPLE DEPENDENT CLAIM FEE CIRCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small> </div> <div style="text-align: right;"> 10 153773 </div> </div>							SERIAL NO.	FILING DATE					
							CLAIMS						
	AS FILED		AFTER <small>1st AMENDMENT</small>		AFTER <small>2nd AMENDMENT</small>			AS FILED		AFTER <small>1st AMENDMENT</small>		AFTER <small>2nd AMENDMENT</small>	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	31	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	34						TOTAL CLAIMS						

BEST AVAILABLE COPY